

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: <u>2/5/04</u>		2 Serial/Patent #: <u>10/617,544</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input type="checkbox"/> Filing			\$							
<input type="checkbox"/> Amendment			\$							
<input type="checkbox"/> Extension of Time			\$							
<input type="checkbox"/> Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/> Petition	Mine	11/24/03	\$ 130.00							
<input type="checkbox"/> Issue			\$							
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/> Maintenance			\$							
<input type="checkbox"/> Assignment			\$							
<input type="checkbox"/> Other			\$							
		7 TOTAL AMOUNT OF REFUND	\$ 130.00							
		8 TO BE REFUNDED BY:								
10 REASON:		Treasury Check								
<input type="checkbox"/> Overpayment		Credit Deposit A/C #:								
<input type="checkbox"/> Duplicate Payment		9 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>3</td><td>--</td><td>1</td><td>7</td><td>0</td><td>3</td></tr></table>		1	3	--	1	7	0	3
1	3	--	1	7	0	3				
<input checked="" type="checkbox"/> No Fee Due (Explanation):	<i>PTO lost the paper</i>									
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Paul Shanoski</u>		TITLE: <u>Attorney</u>								
SIGNATURE: <u>Paul Shan</u>		PHONE: <u>305-0011</u>								
OFFICE: <u>Office of Petitions</u>		*****								
THIS SPACE RESERVED FOR FINANCE USE ONLY:										
APPROVED: <u>Alma Kelly</u>		DATE: <u>3/1/04</u>								

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B